EXECUTIVE SUMMARY
STRATEGIC PLANNING AND AREA FUNCTIONS

I. BACKGROUND

A previous Acting Director of the Bemidji Area requested the development of an "Area Plan" specific for the Bemidji Area and consistent with the goals and objectives of the Indian Health Service. It was determined by the staff that the real need was for a "strategic Plan" for our Area in order to address more effectively the coming changes envisioned for the role of the IHS and that such strategic planning activities were either non-existent or in their infancy in other Areas. Further, it was determined that a plan of this nature required the active participation and collaboration of all concerned including tribes, urban Indian programs and the IHS.

Two management consultants were retained as "facilitators" and an initial meeting was held in February 1989 which was attended by Tribal Health Directors, Urban Program Directors, Area Office staff and other representatives including the Deputy Director of Indian Health Service. Two subsequent planning sessions were held which were also attended by representatives of all facets of the Bemidji Area health program.

II. CURRENT ASPECTS

We have found this formalized attempt at collaborative planning to be worthwhile and productive. The most significant positive outcomes of the three Bemidji Area planning sessions were:

A. Improved communication among tribal and urban programs and the Indian Health Service. This has resulted in an increase in the level of mutual trust and an understanding of mutual difficulties.

B. Development of compiled functional statements for Area Office divisions and branches as well as a reference for technical assistance capabilities which can be accessed through Area Office personnel.

C. Development of a "mission statement" for the Bemidji Area which encompasses all contributors to the Indian health programs in the Area.

D. Development of a prioritized list of functions which were determined by all participants in the Area planning meetings to be those most relevant to Area needs. This list, in order of priority, is as follows:

1. Resource Allocation
2. Technical Assistance
3. Recruitment and Retention
4. Program Planning/Management
5. Information Systems
6. Communications
7. Quality Assurance
8. Orientation and Training
9. Program Evaluation
10. Research

Action items were defined within each priority, some of which have been addressed or are in process.

It should be noted that there was a universal sense of shared enlightenment and satisfaction among the participants in arriving at a consensus for this list of priorities. When Indian Health Servic9 and tribal/urban staffs were compared by responses to these priorities and their ranking, it became evident that the similarities far outweighed any differences in how problems are viewed by these groups.

E. Formation of a Tribal Advisory Board to act as a liaison between the Area Office and field programs.

F. Probable implementation of a "task-oriented.. approach by the Area Office to problem-solving and technical assistance requests.

III. ISSUES

Problems which we have encountered in this process revolve around the lack of ability to devote sufficient staff time to the critical need to pursue this strategic planning initiative. There is a significant degree of commitment by those

involved in this process to maintain and improve communications and planning efforts as an Area objective. We are in danger of losing our momentum and reverting to a crisis management style unless we can aggressively move toward implementation of changes based on the Area priorities. There is a real opportunity to improve credibility with Tribal and Urban programs, but there is an equal danger of losing credibility. Creation of the Tribal Advisory Board by the Acting Area Director is an attempt to assure our commitment to change.

IV. PERSPECTIVE

In the absence of an increase in resources (personnel) to deal with the priorities perceived by the Tribes and the Indian Health Service in the Bemidji Area, it will be necessary to re-direct the energies of some Area Office personnel. Since it has not been possible for the existing staff to meet the demands of the wide variety of health programs in the Area while simultaneously responding to IHS Headquarters concerns, a shift in emphasis and greater efficiency is required. Our primary concern is the quality and quantity of medical services provided to Indian people. We would respectfully request that IHS Headquarters staff provide us with appropriate assistance in arriving at our goal of designing and implementing an Area Office structure which fulfills the needs of our Area, which is composed of many P.L. 93-638 contractors in addition to direct IHS programs. We feel it is possible to create an Area Office which can be a model for other Areas to emulate, given the support of Headquarters personnel.

BEMIDJI AREA PLANNING MEETING
Green Bay, Wisconsin
May 19, 1993

1. Recommendations on Area Functions I. Resource Allocation

a. Centralize information regarding allocation formulas
b. Equitable distribution of funds considering P.l. 93-638, self governance and IHS-operated programs
c. Address acquisition of resources from IHS and/or other funding sources; i.e., third-party revenues, Federally Qualified Health Centers {FQHC) system
d. Base resource allocation on specific needs of a particular tribe
e. Protect small tribes when developing a resource allocation process
f. Include economic development impact in resource allocation process; i.e., stress on CHS program as a result of employment changes impacting eligibility for programs other than the CHS program
g. Focus funding on preventive health programs
h. Seek mechanisms for obtaining increased inter-tribal use of purchasing power in order to enhance bargaining power with vendors and achieve improved economies of scale

2. Technical Assistance

- Develop a catalog of services which would include program models and technology which are available from state, federal and tribal programs
- Establish clearinghouse for CQI, diabetes, intervention strategies, etc. which includes a list of indicators that were effective
- Integrate technical assistance into program evaluation
- Provide assistance with joint venturing, reviewing health programs' purchasing of specialty services, negotiating and developing legally sound contracts
- Change terminology, program review, to reflect intent of reviews; i.e., FAT {Functional Assistance Trip)
- Combine training priority with technical assistance priority
- Formalize technical assistance
- Site visits need to be more focused
- Site visits should focus on specific local needs rather than on checklists
- Develop better tool for evaluating technical assistance and formalize a system for evaluating local satisfaction with and effectiveness of technical assistance
- Establish task force or ad hoc committee, with representation by local consumers of technical assistance services, to assess technical assistance needs and focus technical assistance based on the needs

- Need to match technical assistance to the individual programs' needs

3. Recruitment and Retention

- Emphasize assistance to local programs in developing their recruitment and retention functions
- Expand retention activities and define Area role in retention
- Establish task force to develop strategies
- Incorporate cultural orientation services into recruitment and retention
- Expand recruitment efforts to all professions and distribute list of candidates to all operating units
- Need more community involvement in career development and serving as role models, mentors
- Eliminate inequities between the Federal and tribal salary and benefits scales to allow tribal programs effective access to recruitment and retention services
- Clarify "regular detail" and "special detail" processes
- Serve as clearinghouse for examples of innovative employment contracts and provide technical assistance toward improvement of personnel contracting mechanisms

4. Program Planning/Management

- Analyze Area's Federal responsibilities as they relate to operating units, IHS headquarters and Congress
- Should be incorporated into all Area activities (see models in Attachment Four)
- Tribal Advisory Board needs to be more involved in Area's planning efforts
- Need formal link between Tribal Advisory Board and Health Directors group
- Need more community involvement; i.e., individual tribes should conduct community needs assessments for determination of local needs and local health providers should conduct clinical assessments
- Streamline all administrative levels
- Reassess the planning process more frequently

5. Information Systems

- Complete the MIS process by getting tribes into the IHS information systems; encourage joint Tribal/IHS planning and tailor programs to reflect the diversity of MIS needs in the Area
- After completing MIS process, need to define Area's role in information systems
- Analyze and incorporate clinical issues and tracking/evaluating health status
- Include health status monitoring, research and information management
- Train staff to use the information hardware and software that has been made available to the health programs
- Assist programs in linking systems
- Analyze this function on how it fits in with planning (use of data in planning)
- Incorporate training on information systems with technical assistance functions
- Provide feedback on the information generated as a result of the IHS reporting system

6. Communications

- Continue to distribute minutes of the Tribal Advisory Board and Area and Associate Area Directors meetings and begin distributing the Council of Area and Associate Area Directors (CAAD) minutes
- Use electronic mailing as a communication process with health directors
- Develop better method of cataloging information since large volumes are being distributed
- Secure consultant services to establish a process for managing communications
- Establish better communication systems to ensure that tribal health programs and Area staff are furnished updated information
- Address tribal differences in administrative structure when addressing distribution of communications
- Tribal health programs need to establish communication process to ensure that information is shared with community and/or staff
- Need consistency in addressing correspondence

- Issue monthly, every-other-month or quarterly Area Office newsletter which includes information on the loan program, co-step program, training opportunities, availability of technical assistance, etc.
- Incorporate TQM process for charting communication process
- Encourage communication with health director associations and inter-tribal associations

7. Quality Assurance/Quality Improvement

- Need to assure that resources are expended effectively
- Need to assure minimum standards and prioritize standards of care, looking at rationing issues
- CQI/TQM issues should be a priority, begin defining its customers and designate an Area-level position as resource for CQI/TQM activities
- Assist local programs in development and implementation of quality assurance programs
- Recognize that implementation of TQM may require sacrificing of short- term activities for long-term benefits
- Provide more hands-on site visits to smaller tribal programs
- Recognize the differences in the health programs' CQI/TQM process
- Study and address, to the extent possible, issues of resource availability for QA/QI especially for small and medium-sized programs

8. Orientation/Training

- Need more training of Area Office staff regarding the various political, cultural and organizational differences of the Area tribes including history and location
- Include orientation and training, technical assistance and program reviews under the category of consultation services
- Incorporate culturally-sensitive training for non-Indian staff .Develop training priorities that are more responsive to local training needs
- Incorporate on-site visits to various tribal programs into the Area orientation process
- Need more training for health boards
- Need more training on JCAHO, OSHA, CLIA, etc.
- Need more training for operating unit directors on such issues as facilities management, leadership skills, team building, enhancement packages, etc.
- Tribes need training in management of health programs and evaluation of intervention strategies
- Use CQI to evaluate training needs and success of programs and treatment
- By working with health directors, inter-tribal organizations and IHS staff seek more coordination in use of resources to address joint training needs on an inter-tribal basis

9. Program Evaluation

- Continue program evaluation review process
- Review scheduling procedures to ensure compatibility and coordination with JCAHO and other agencies' reviews
- Need more frequent reviews to assess progress and make revisions where needed
- Incorporate in-depth technical assistance
- Add a tribal representative to the program review team
- Need better communication on the function of program reviews and review the roles of the comprehensive, focused and Pre-JCAHO reviews
- Improve training of surveyors

10. Research

1. Incorporate research, health status monitoring and information management systems under category, information services
2. Train local programs on research methods and accessing on-line computer programs

3. Provide assistance on preventive health research and epidemiological studies such as defining baseline or effective measurements and documenting outcomes
4. Fill data gaps; i.e., need more information on cancer based on age and sex
5. Improve ability to determine potential special service needs by seeking structure and arrangements to compare aggregate data with states on an ongoing basis
6. Use epidemiological aspects on the common issues everyone is dealing with
7. Need to be more tribal specific in responding to health issues

11. Additional Comments/Recommendations

- Recommended that a three-state meeting be conducted to share information on health care reform. Once meeting is conducted, need to follow-up to ensure everybody is working together. Need to keep all parties informed on any development in a timely manner.

- Need involvement of tribal leaders. Investigate the possibility of sponsoring an annual meeting to address key health issues. It would take planning, money and time.

- It appears that Area Office and Headquarters will be spending a disproportionate amount of time with the self-governance issues. Area Office must determine if a negative impact exists for tribes who are not participating in self governance. Need to consider how the Area Office will function considering self-governance.

- Recommended that the following critical health areas be addressed at all reservations and urban health programs: diabetes, substance abuse, smoking cessation, cancer, mental health, long-term care, heart disease, sexually transmitted diseases (especially HIV/AIDS), maternal child health with focus on FAS and nutrition education (traditional and non-traditional foods, economic reasons, junk foods, natural foods, commodities). Should , be tied to the Area Director's performance standards.

- Clinical standards, benchmarks and core package analysis needs to be an area priority. Assessment needs to be done on clinical standards for a core package. Need to determine the range of services provided at all " programs, compare the services to the core package proposed by national, health care reform and further analyze the "wrap around" services. Need to locate language which identifies services provided by Indian Health Service differing from health services provided to the general population.

- Need to address injuries, intentional or unintentional, which is the primary cause of morbidity and mortality.

IMPLEMENTATION RECOMMENDATIONS

1. Need to maintain a planning process which addresses issues on a more frequent basis. At a minimum, conduct an annual session prior to development of the Area Director's annual performance plan. The fall health directors' session could be devoted to the planning process.

2. Recommend that information on status of priorities and implementation strategies be presented at each health directors' meeting.

3. Need to make planning apart of everyday life whether it is at a local or regional level; i.e., the Rhinelander Field Office sets its goals and objectives at the beginning of each year using the ten priorities established in FY'89. Their quarterly report identifies activities accomplished during the quarter.

4. Route a basic document regarding this planning session to ~ tribes to allow for total participation in the establishment of priorities and implementation strategies. Need tribes' concurrence with the current priorities and recommendations or identification of additional and/or revised priorities and recommendations.

5. Priorities should be categorized and recommendations for each category be identified under each category. Area Office staff should review the categories, determine what actions can be completed during a short period of time and identify actions which will require follow-up or Area reorganization to accomplish in a longer timeframe.

6. Identify those items the Bemidji Area needs to accomplish and identify concrete results when completed.

7. Need to get out of linear thinking; can't fit priorities on process. Recommend that model developed by Group 2 (referenced on page 10) be included in materials sent to all tribes.